



FORT PULASKI NATIONAL MONUMENT Fee Waiver Request

(Please press hard and write clearly)

School Name: _____

Address: _____

City, State: _____

Phone number: _____ Contact person at school: _____

Fax Number: _____ E-mail address: _____

Grade/Age of Group: _____ Number in Group: _____

Ranger-guided program available Monday through Friday.

(Please list the dates and circle the times.)

First Choice: _____ Circle the time: -----2:30 pm-----3:30 pm

Date

Second Choice: _____ Circle the time: -----2:30 pm----- 3:30 pm

Date

Additional times may be available. Contact Park Ranger Mike Weinstein at 912-786-5787.

Self-guided non-Ranger tour available every day.

(Please list the dates and circle the times.)

First Choice: _____ Circle the time: -----9:00 am----- 10:00 am

Date

11:30 am-----1:30 pm----4:00 pm

Second Choice: _____ Circle the time: -----9:00 am----- 10:00 am

Date

11:30 am-----1:30 pm----4:00 pm

**The teacher /tour guide who will be present for the proposed visit must sign this form.

I, _____, hereby acknowledge that the purpose of our visit to Fort Pulaski National Monument is for educational purposes. I acknowledge and accept full responsibility for all safety concerns regarding our visit to the park.

When completed please fax to: Fort Pulaski National Monument @ (912) 652-4232

Every effort will be made to accommodate the date and time requested when the park receives the e-mail, phone call and/or faxed information. Verbal confirmation may be given at the time of phone call or a confirmation will be sent via fax and/or phone call.

For Administrative Use Only: Date sent: _____ Approved/Denied

Ranger signature _____ Place all information in School/Group Reservation book at the time of processing phone call/Fax